

# INDIANA WING, CIVIL AIR PATROL

## Member Owned Aircraft

### Frequency Authorization Equipment Registration Request

TACTICAL CALL SIGN: CAP Flight 12

☐ NEW ☐ MODIFICATION ☐ RENEWAL

#### Unit Information

Unit Name: \_\_\_\_\_ Charter Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Ext.: \_\_\_\_\_

#### Applicant Information

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ CAP ID: \_\_\_\_\_ Membership Expiration Month: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Ext.: \_\_\_\_\_  
 Home: \_\_\_\_\_ Office: \_\_\_\_\_ Fax: \_\_\_\_\_ Pager: \_\_\_\_\_ Access: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

Does the applicant poses a current copy of CAPR 100-1, Volume I and CAPR 100-1 Volume III and any Indiana Wing Supplements and Guidance Letters? ☐ Yes ☐ No

#### Aircraft Information

**NOTE: Aircraft must be 100% Indiana Wing Member Owned**

Make of Aircraft: \_\_\_\_\_ Model Number: \_\_\_\_\_ Aircraft Registration Number (N Number): N  
 Name of Airport Where the Aircraft is Normally Based: \_\_\_\_\_ Airport Identifier: \_\_\_\_\_

Partnership or Club Aircraft, are all of the club members or partners members of Indiana Wing CAP? ☐ YES ☐ NO

Do the members have copies of CAPR 100-1, Volume 1 and CAPR 100-1, Volume 3 and any Indiana Wing Publications and Supplements? ☐ YES ☐ NO

MAKE OF EQUIPMENT	MODEL	SERIAL NUMBER	ASSET NUMBER IF CORPORATE OWNED EQUIPMENT	OWNER OF EQUIPMENT			FREQUENCY AUTHORIZATION REQUESTED							T O N E	H A N D  H E L D
				C A P	A P P L I C A N T	O T H E R	1 4 3 7 5 MHz	1 4 3 7 9 MHz	1 4 8 1 2 5 MHz	1 4 8 1 3 7 5 MHz	1 4 8 1 3 7 5 MHz	1 4 9 5 8 9 MHz	1 4 9 5 8 9 MHz		
BATTERY EXPIRATION DATE OF ELT:															

**Only NTIA Compliant or NTIA Approved Equipment May be Authorized. 149.895 MHz is for Slow Scan or NAPRS use only**

I hereby offer to Indiana Wing, Civil Air Patrol, for the use of official CAP Communication Purposes the radio equipment listed on the reverse side that is owned by myself or is in my legal custody. I affirm that the equipment is free of leans or encumbrances.

I understand that this agreement gives Indiana Wing, Civil Air Patrol operational control over the equipment when used for Civil Air Patrol purposes. I further understand that the equipment will be used on Civil Air Patrol Frequencies only for official Civil Air Patrol Business as defined in current Civil Air Manuals, Regulations and other official Civil Air Patrol Documents.

Other Civil Air Patrol personnel, without my approval or consent may not use the listed equipment. If other CAP personnel are allowed to use this equipment, the equipment will be in the event this agreement is terminated. Indiana Wing Civil Air Patrol will not be responsible for the condition of the equipment, nor will CAP maintain or otherwise guarantee this equipment.

Indiana Wing, Civil Air Patrol or myself may terminate this agreement at any time for any reason.

I understand that of the agreement is terminated or the station location, equipment or charter number changes, the frequency authorization will be cancelled.

I certify that I am a current member of Indiana Wing, Civil Air Patrol and that the information herein is complete and accurate to the best of my knowledge. I further agree that Indiana Wing Civil Air Patrol will have complete control of the station, both as to physical operation and service connected.

Applicants Signature	Date
Unit Communications Office's Signature	Date
Squadron Commander's Signature	Date
Indiana Wing Director of Communications or Licensing Officer's Signature	Date

<b>Instructions</b>	
<b>Tactical Call Sign</b>	Enter the tactical call sign assigned by the Indiana Wing Licensing Officer to the applicant. Do not use the Indiana Wing Staff Call Sign if on Wing Staff.
<b>Type of Application</b>	Check the appropriate box, "MODIFICATION" or "RENEWAL" for an existing authorization. Indicate "NEW" if the applicant does not currently have any equipment authorized by Indiana Wing
<b>Unit</b>	Enter the Applicants Unit Charter Number, Name, and Mailing Address. This is where the application will be mailed if not on wing staff.
<b>Applicant</b>	Enter the Applicants Information requested. The applicant will be legally responsible for any mail sent to this address specified.
<b>Station Location</b>	Complete this section ONLY if a base (fixed land) station is being applied for. The Geographic Location may be the applicants address if not a P.O. Box or Rural Route. If a P.O. Box or Rural Route give detailed instructions from the nearest known fixed Geographic Point to the station Location
<b>Equipment</b>	Indicate all Transmitters, Make Model Serial Number (Asset Number if Corporate Owned) that would be operated on Civil Air Patrol Frequencies and the frequencies each piece of equipment will operate on. Only the equipment listed may be used in CAP Service. If the applicant has a practice ELT, it must be listed as transmitter (ELT Transmitters do not have to be NTIA Compliant)
<b>Frequency Authorization Processing</b>	The applicant must sign the application. If the equipment is CAP owned the applicant must have been issued it from the unit on a CAP Form 37E <ol style="list-style-type: none"><li>1. Complete Indiana Wing Form 32 and Make One Copy, Two Copies at Unit Communications Officers Desecration</li><li>2. Attach 1 Copy of INWG Form 33, Frequency Certification For Transmitter Listed</li><li>3. Forward to The Director Of Communications, Indiana Wing</li></ol>